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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

Form for Filing a Section 1983 Civil Rights Complaint (by persons not in jail or prison)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI
DIVISION

Willie Lee Stewart

(Enter above the full name of the Plaintiff[s]
in this action.)

-vs-

Case No 3:18CV247-NBB-RP
(To be assigned by Clerk)

Region IV Mental Health Service

Doctor Scott Baymiller

Mississippi Dept. Rehabilitation Service

Ms. Kenisha Thornton

Ms. Lula Merrell

(Enter above the full name of ALL Defendant[s]
in this action. Fed. R. Civ. P. 10(a) requires that
the caption of the complaint include the names of
all the parties. Merely listing one party and "et al"
is insufficient.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER 42 U.S.C. §1983
(by persons not in jail or prison)

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. If more than one plaintiff, attach an additional sheet that provides each plaintiff's name and address.)

A. Name of Plaintiff: Willie Lee Stewart
Address: 8302 Westbrook Dr. Olive Branch Ms.
38654

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of an additional

defendants.)

B. Defendant, Dr. Scott Baymiller, is employed as
Psychiatrist
at Region IV Mental Health Services.

C. Additional Defendants:

Ms. Kenisha Thornton, MRC, CRC
District Manager MDRS

Ms. Lula Merrell Counselor MDRS

Region IV Mental Health Services

M.D.R.S. = Mississippi Dept. Rehab. Service

IV. Statement of Claim

State here as briefly as possible the facts of your case, that is, what happened that caused you to file this complaint. Describe how each defendant is involved. Include also dates and places where the complained of events occurred. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.

The Statement of this Claim
is attached. Please see pages #1 thru 28.

Additionally, the cause of this action
is listed on the Civil Cover Sheet.

V. State the names of witnesses who would testify for you or on your behalf, and state **briefly** what they would say.

WITNESS'S NAME

WHAT THIS WITNESS WOULD SAY

Written Communications
bare witness.

Please see Statement
of Claim Pages #1 thru 28.

Additionally,
Mr. James Russell Howe

That which is consistent
with the Statement herein.

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VI. Name all documents that you know of which would support your claim and state briefly what each document says or shows.

DOCUMENT

WHAT THE DOCUMENT SAYS OR SHOWS

Statement of
Claim

On the whole, it shows that my rights have repeatedly been violated under the 14th Amendment: Title II Americans with Disabilities Act Rehabilitation Act Section 504

Emails to
Various Government
agencies

In the interest of brevity I have only submitted the most essential documents, which highlight my need for the Court to grant my request for a Court appointed attorney to assist in the handling of my claims.

VII. Explain how you were injured (incurred medical costs, incurred physical injury and/or emotional distress, etc.)

This is best explained by my attorney. At present I do not have one.

VIII. Relief

State briefly exactly what you want the court to do for you.

In the first instance, I am asking the Court to provide me with an attorney.

IX. Jury Demand

I would like to have my case tried by a jury.

☒ Yes

☐ No

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of our information, knowledge, and belief.

Signed this 20 day of November, 2018.

Willie L. Stewart

(Signature of Plaintiff/Plaintiffs)